



## Southwest Washington Health District

ADMINISTRATIVE OFFICE  
VANCOUVER/CLARK COUNTY HEALTH CENTER  
P.O. BOX 1870 – 2000 FORT VANCOUVER WAY  
VANCOUVER, WA 98668

**PLEASE COMPLETE THE APPLICATION IN FULL. "SEE RESUME" IS NOT ACCEPTABLE. HOWEVER, A LETTER OR RESUME MAY BE ATTACHED. SUBMIT ONE APPLICATION FOR EACH POSITION APPLIED FOR.**

## APPLICATION FOR EMPLOYMENT

Print Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Application \_\_\_\_\_ Home Phone \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Work/Msg. Phone \_\_\_\_\_

### I. GENERAL INFORMATION:

Title of position: \_\_\_\_\_ Available for: ☐ Full Time ☐ Part Time ☐ Temporary Date Available: \_\_\_\_\_

Previously employed by the Health District? ☐ No ☐ Yes Date: \_\_\_\_\_ Do you hold a valid vehicle operator's license? ☐ No ☐ Yes State: \_\_\_\_\_

Within the past ten (10) years of the date of this application, have you been convicted of a misdemeanor or felony that would tend to have direct bearing on this position? Note: Conviction is not an automatic bar to employment. ☐ No ☐ Yes

If Yes, explain: \_\_\_\_\_

### II. EDUCATION AND TRAINING SUMMARY:

High school graduate or GED test passed? ☐ Yes ☐ No

College, business school, military, etc. (if more space is needed, attach an additional sheet of paper)

Academies, Colleges, Technical or Vocational Schools	Dates (From/To)	Grad? Yes/No	Degree/Year	Major Subjects Taken

### III. COMPLETE THE FOLLOWING SECTION WHERE APPLICABLE TO TYPE OF EMPLOYMENT BEING SOUGHT:

Important: indicate all items and/or equipment you can operate and applicable speed: ☐ Word Processor \_\_\_\_\_ wpm ☐ 10-Key calculator \_\_\_\_\_ wpm

List all software with which you are proficient: \_\_\_\_\_

List all other office machines you are capable of operating: \_\_\_\_\_

List any other special training and/or skills that you feel you would especially fit you for employment with the District (i.e., bi-lingual, sign language, etc.): \_\_\_\_\_

(CONTINUED ON REVERSE SIDE)

**IV. LICENSES, CERTIFICATE, OR REGISTRATION:**

Type	Number	Where Issued/Date	Exp. Date
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**V. EMPLOYMENT HISTORY:** Start with present/last position. Attach additional sheet if more space is needed.

Last or Present Firm or Agency: _____	Telephone No: _____	From (Mo/Yr) _____
Your Title: _____	Employer's Address: _____	To (Mo/Yr) _____
Specific Duties: _____		Total Months Employed _____
_____		Hrs/Week   Last Salary
_____		_____
_____		Immediate Supervisor: _____
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for Leaving: _____	No. of Employees Supervised: _____	_____

Previous Firm or Agency: _____	Telephone No: _____	From (Mo/Yr) _____
Your Title: _____	Employer's Address: _____	To (Mo/Yr) _____
Specific Duties: _____		Total Months Employed _____
_____		Hrs/Week   Last Salary
_____		_____
_____		Immediate Supervisor: _____
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for Leaving: _____	No. of Employees Supervised: _____	_____

Previous Firm or Agency: _____	Telephone No: _____	From (Mo/Yr) _____
Your Title: _____	Employer's Address: _____	To (Mo/Yr) _____
Specific Duties: _____		Total Months Employed _____
_____		Hrs/Week   Last Salary
_____		_____
_____		Immediate Supervisor: _____
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for Leaving: _____	No. of Employees Supervised: _____	_____

All answers and statements are true to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application, or dismissal if employed. In compliance with the Federal Immigration Reform and Control Act of 1986 (ICRA), all newly hired employees must provide proof of work eligibility. The Southwest Washington Health District is an Equal Opportunity Employer. For certain classifications, applicants are required to submit to a criminal background check, as provided for in RCW 43.43.830.